



THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্বৰ দ্বাৰা প্ৰকাশিত

PUBLISHED BY THE AUTHORITY

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No. 156 Dispur, Friday, 5th March, 2021, 14th Phalguna, 1942 (S. E.)

GOVERNMENT OF ASSAM

ORDERS BY THE GOVERNOR

ELECTION DEPARTMENT ::::: DISPUR

NOTIFICATION

The 4th March, 2021

13 Phalguna, 1942 (Saka)

No. ELE.25/2020/140.- The Election Commission of India's Notification No. 52/2021/SDR/VOL.I dated 26th February, 2021 is hereby published for general information.

ELECTION COMMISSION OF INDIA

Nirvachan Sadan, Ashoka Road, New Delhi-110001

No.52/2021/SDR/Vol.I

Dated: 26th February, 202114 Magh, 1942(Saka)

NOTIFICATION

In pursuance of the provisions of clause (c) of Section-60 of the Representation of the People Act, 1951, the Election Commission hereby specifies that the Covid-19 suspect or affected persons, certified by competent authority, who applies for voting by postal ballot paper, and subject to verification of his request by the Returning Officer concerned, would be a class of persons to give vote by postal ballot in the forthcoming general elections to the Legislative Assemblies of Assam, Kerala, Puducherry, Tamil Nadu and West Bengal, to be notified under Section 30 of Representation of the People, 1951, as per the provisions in Part-III A of the Conduct of Elections Rules, 1961, as amended vide Ministry of Law & Justice, Govt. of India, Notification SO No. 1964(E), dated 19th June, 2020 read with the directions and guidelines issued by the Election Commission on the subject.

By Order,

(N.T.Bhutia)
Secretary

**Certificate to be submitted by COVID-19
Suspect/ Affected Person alongwith Form 12D**

It is certified that Shri/ Smt/Ms son/daughter/wife of
.....resident of.....
village/mohalla.....Town/city/tehsil.....
District(State) is tested as positive or identified as suspect
on..... by the Govt. Hospital/Lab or the Hospital/Lab recognized by the Government
as COVID Hospital or under home quarantine or institutional quarantine due to COVID 19

Full Signature of Competent Health Authority*

------(Name)

------(Address)

------(Rubber Stamp)

**Competent Health Authority as may be notified by the State Govt. or Union Territory
Administration for this purpose.*

Please strike out whichever is not applicable.

NITIN KHADE,
Chief Electoral Officer, Assam,
Dispur, Guwahati